

outright despite being in receipt of GMC approved PDP plans and references from her new employer. A fourth company has agreed cover at the cost of £16 000 per annum.

The first three companies have been anonymously approached to provide their assessment criteria for return to practice applicants and copies of their policies for those on I&R schemes. None have yet responded.

She has now been waiting a month for a comment from the GMC on this position; their continuing delay in responding perhaps indicates that they do not have a policy of dialogue with medical indemnity companies, or to their own customer service commitment, that promises a reply within 10 days.

The country is desperately short of doctors experienced in primary care and particularly short of mature doctors who have met the most recent and rigorous standards for practice through their professional body, the RCGP, and its Returners Scheme.

Surely it cannot be true that medical indemnity companies have more influence than the GMC on return to practise for the UK's GP workforce.

The Author can be contacted via the BJGP office

This letter was sent to the General Medical Council, the Medical Defence Union and the Medical Protection Society all of whom declined to comment.

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As the government launches its consultation on medical performers list (MPL) regulations, it seems timely to review the assessment of those returning to UK general practice after a period away from clinical practice. An issue that causes considerable controversy.¹

The evidence of specific patterns of deterioration of clinical skills after absences from the workplace is thin, and not directly applicable to primary care.² Practitioners vary both in their baseline clinical knowledge, and in the rate of deterioration during their time away.

Severn Deanery launched a 'Returners' Scheme' in 2007.

Entry is restricted to those out of practice in excess of 2 years. It includes a structured interview with a senior GP educator, and a national computer-marked knowledge test and simulated surgery. Each is standard set by experienced GP trainers following international best practice. Applicants are

Table 1. Severn Deanery induction and refresher scheme activity — 2007–2012

	Time away from UK general practice, years		
	2–5	5–10	>10
Total Number Assessed	17	17	13
Competent	5	1	0
Shortened scheme	7	6	1
Full Scheme	4	9	4
Fail	1	1	8

MPL = medical performers list. Competent = passed comfortably with good scores in all domains. Letter of support for return to MPL. Shortened scheme = borderline result. Short, typically 6–13 week, attachment to training practice with workplace based assessments (WPBAs) before letter of support for return to MPL. Full scheme = weak scores with extensive learning needs. Full training programme (6 months) and comprehensive WPBAs before letter of support for return to MPL. Fail = learning needs beyond the scheme's capacity and patient safety standards for supervised practice.

required to achieve a minimum entry score before progressing (Table 1).

A recent review of the scheme provides some evidence of the educational value of the programme.³

Primary care organisations are responsible for ensuring that the competency of practitioners admitted to their MPL. Our data suggests that many are not, after 2 years away from the workforce. This proportion increases with additional time away.

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Work and health reforms unattainable?

The recent editorial encouraging the integration of occupational health and primary care¹ was inspirational but seems a long way from any reality in England.

When Dame Carole Black reported her findings and proposals on work and health it was difficult to resist the rhetoric. Work is good for you in determining your self and worth as long as the work is 'good'.

Charles Handy² describes the characteristics of organisations and individuals in organisations using four dimensions, four Greek Gods as their embodiment, and how the cultures they represent interact and have impact upon individuals within the organisation. He describes how social values and expectation have changed from the post war acceptance of authoritarian structures/organisations (The God Apollo). Increasingly we all want to be valued and have a share in the 'fruits' of our collective effort (The God Dionysius).

In the context of health and work, he describes how the great efficiency driver of Apollo, the bureaucratic organisation, so devalues the members that they resort to disruptive behaviour and demonstrate ill health. In Apollonian organisations, where members have little control or discretion about the work, the impact cannot be good,